PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)
NIH - TASK ORDER

RFTOP#59 **TITLE**: *Building 10 Complex – Emergency Evacuation Plan Development and Implementation*

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. POINT OF CONTACT NAME: Anthony Revenis
Phone- (301) 402-3073 Fax- (301) 435-6101

Proposal Address:
6011 Executive Blvd. Rm 529S
Rockville, MD 20892-7663

Billing Address:
Accounts Payable, OFM, NIH
Bldg 31, Room B1B39
Bethesda, MD 20892-2045

B. PROPOSED PERIOD OF PERFORMANCE: NIH would like this work to be completed 45 days from date of award. If this is unrealistic please contact the POC before making a proposal and explain why and suggest a more realistic timetable.

C. PRICING METHOD: Firm Fixed Price

D. PROPOSAL INSTRUCTIONS: Proposals should be submitted to me by e-mail. Please enter in the subject line the following text, "RFTOP#59 – Proposal from {insert firm name}." A proposal not exceeding 25 – 30 pages is envisioned. A signed task order form will later be requested from the successful offeror.

E. RESPONSE DUE DATE: Monday May 20, 2002 at 3:00 PM (NIH time).

F. TASK DESCRIPTION:

Building 10 Complex

Emergency Evacuation Plan Development and Implementation

INTRODUCTION

Study and evaluate the existing NIH Emergency Evacuation Plans and the Patient Emergency Evacuation Plans for the Clinical Center, Building 10 Complex at the National Institutes of Health (NIH) in Bethesda, Maryland.

Using the above existing plans, develop a new evacuation plan, which integrates all In-Patient Care, Outpatient Care Clinics, Laboratory, Offices, Cafeterias, Visitors and all other areas within the Complex.

As separate options to this requirement to be ordered by a NIH contracting officer individually:

(1) Provide sketches of floor plans that indicate primary and secondary means of egress, which are to be framed and mounted behind a Plexiglas enclosure;

(2) Provide training of NIH staff to implement the new evacuation plan; and

(3) Provide the implementation of the new evacuation drills with trained NIH staff.

BACKGROUND

The Clinical Center's mission is to provide the patient care, services, and environment needed to initiate and support the clinical research sponsored by the individual NIH Institutes. Fifteen of the 18 Institutes have active clinical research programs at the Clinical Center.

The Clinical Center was opened in 1953, and an adjacent ambulatory care research facility (ACRF), was opened in 1981. The Clinical Center was designed with laboratories proximal to patient care units for close collaboration and quick transfer of knowledge between basic science and clinical medicine. Initially, each Institute was assigned to particular Clinical Center patient care units. The number of beds allocated to each Institute was, and still is, a function of physical space, style of research programs, and anticipated special needs of patients. At one time, the Clinical Center housed 540 beds. Currently, the Center has 359 beds open, a number that has declined over the past several years due to shorter lengths of stay, a shift to the outpatient setting, decreasing admissions, and recognition by management that patient care unit consolidation would improve efficiency. A patient care unit consolidation plan is currently being implemented resulting in the creation of multi-Institute shared wards. Upon completion of the current

phase of the consolidation plan, 325 beds will be open. Plans exist for the development of new hospital with 250 beds.

The total square footage of the facility is over 2.5 million square feet, plus another 0.5 million square foot parking facility, which is located below the ACRF portion of the facility.

Another 1 million square foot facility is currently being constructed to the North of the existing facility and will be interconnected at three main arteries. This facility is named the Mark O. Hatfield, Clinical Research Center (CRC) and is scheduled to be completed near the end of 2004. The new evacuation plans should consider the relationship of this facility during the planning process.

Evacuation Plans and Drills have been conducted for several years in the Hospital portion of the Clinical Center Complex per the JCAHO Environmental Care Standards. It is the intent of this project to combine the existing evacuation plans with all areas of the facility; to train personnel how to conduct the drilling exercises in an orderly and rapid fashion, and to implement these new plans and perform the drilling exercises.

Considerations and Related Issues The Warren G. Magnuson Clinical Center (CC), the research hospital of the National Institutes of Health (NIH), was established by federal statute. The CC provides patient care facilities and services that support clinical research programs sponsored by 14 categorical Institutes. In addition to the hospital, the facility houses laboratories staffed and operated by the Institutes at the NIH. The presence of clinical investigative laboratories in close proximity to the patient care areas makes the CC an unusual health care facility. This design enriches bench to bedside medicine but also dictates medicine but also dictates that we have special provisions for emergency procedures. The CC consists of two 14-story buildings. The hospital (Building 10) is a red brick structure with 325 patient beds and several hundred research laboratories. The Clinic, or Building 10B (formerly the Ambulatory Care Research Facility), houses outpatient clinics and research laboratories in a glass, tower-like structure attached to the hospital.

Despite the fact that the CC provides the practicalities of patient care, it is not prepared to deal with external disasters in a manner similar to the surrounding community hospitals. For this reason, the CC does not participate in the Montgomery County Emergency Medical Services Multiple Casualty Incident Plan.

For internal disasters, NIH operates independently, in terms of emergency response and preparedness, from the community in which it is located. The NIH Fire and Police Departments are the primary responders for all but life-threatening medical emergencies in the CC. Additionally, personnel from the Division of Safety provide expertise in the event of radiological, chemical, biological, or other hazardous material incidents.

Assistance is provided from the surroundings community when requested. The NIH agreements with the community are described in Section 1 under "L. Mutual Aid Agreements".

The CC also differs from area hospitals in that it does have a medical emergency service department. In case of casualties among employees or visitors resulting from a CC disaster, the Cardiopulmonary Resuscitation (CPR) Team provides medical response for life-threatening emergencies. As soon as it is medically practicable, casualties are transferred to a community hospital accredited to provide this type of care. In support of this effort, the Occupational Medical Services (OMS) and NIH Fire Department may provide clinical and emergency medical transportation services. OMS also provides emergency first aid for employees who suffer injuries and illness.

GENERAL

The Contractor shall appoint a project manager, who shall be the government's single point of contact, and who shall provide all necessary project representation for the successful accomplishment of the work. The project manager shall be thoroughly familiar with all requirements, schedules, and cost limitations. The project manager shall be identified in the proposal prior to contract award.

The Government Project Officer (PO) is the Contracting Officer's Technical Representative (COTR) and is directly responsible for the technical administration of the project. All changes to the contract must have approval from the Contracting Officer prior to implementation

All studies, analyses, plans and designs must comply with the latest issues of all codes and standards (Federal, state, local, etc.), which govern and have jurisdiction. Such codes shall include, but not be limited to IBC, NFPA, OSHA, JCAHO and National Safety Standards. If any conflict occurs in the requirements established by these guidelines, the Contractor shall notify the PO of the conflict and the recommended action. For additional requirements, see NIH Manual Issuance 1342, Clinical Center Emergency Preparedness Plan, the Clinical Center Emergency Handbook and established patient care evacuation procedures.

The Contractor shall employ the services of personnel outlined in the cost proposal as agreed upon during negotiations to perform the services required under this contract. No substitution will be made without specific written request from the Contractor and the written approval of the Contracting Officer (CO).

A site visit(s) shall be made by the Contractor and his subcontractors in coordination with

the PO, to thoroughly familiarize his working staff with the existing site conditions and their affect on the preparation of the contract documents. The Contractor shall maintain a complete log of each and every transaction between the Government and his office, documenting and dating all decisions, site visits, conferences and telephone conversations.

A copy of the log, current to date, shall be provided to the PO on a monthly basis throughout the project contract period. The Contractor shall attend design progress and submittal review meetings and conduct presentations to NIH committees as may be required to ensure development of the proposed project. The Contractor shall prepare and distribute minutes of the meetings to all attendees, the PO and the CO within three working days of the meeting.

The Contractor shall develop and furnish complete, coordinated, and appropriate contract documents to be used for the evacuation of the facility by zones, including single zone to total evacuation. Draft written plans, sketches, and analyses/calculations) shall be submitted at interim stages of development to be determined by the PO.

The Contractor shall ensure that the plans and sketches will be accessible to and usable by the physically handicapped based on the Uniform Federal Accessibility Standards (UFAS).

All work must be in accordance with current criteria; guides and specifications established by NIH and shall be in accordance with the best professional practices. Workmanship shall be neat with all lines and lettering of uniform weight and clarity permitting complete legibility and reproduction.

The Contractor shall continuously monitor preparation of the documentation to eliminate ambiguities, wordiness and inaccuracies.

All contract documents shall be coordinated not only to ensure coverage, but also to eliminate contradictions. Special care shall be taken to coordinate all planning, implementation and training. Each submittal (Drafts and Final) shall be carefully checked by the Contractor.

Areas with a potential for coordination problems with the occupants of the facility shall be documented and brought to the attention of the PO whenever the Contractor discovers any such occurrences.

Submit complete calculations on all aspects of evacuation planning. They shall include estimated number of occupants and anticipated evacuation time periods to calculate the best routing approach. Calculations shall include a narrative and electronic database or spreadsheet.

BASE AND OPTION ITEMS

This project is to provide a study and evaluation of the existing evacuation plans for the Building 10, Clinical Center Complex and to develop a new evacuation plan that will integrate all In-Patient Care, Outpatient Care Clinics, Laboratory, Offices, Cafeterias, Visitors, and all other areas of the facility with the existing plan. The plan should also describe areas to which the occupants should meet for accountability and possibly containment, depending on the emergency after evacuating the facility.

Three options are also included should the Government wish to exercise these options – The options may be ordered by a NIH Contracting Officer in writing. The options are:

Option 1 – Prepare and provide 8 _ " x 11"colored sketches that indicate the primary and secondary means of egress for each of the approximately 300 zones within the facility. These sketches are to be mounted behind a framed Plexiglas enclosure in each zone by the Contractor after approval by the PO. They shall include the outline of the entire facility and indicate the wording and location of "YOU ARE HERE" in the zones where the sketches are to be mounted. The reader of the sketch shall be able to tell at a quick glance, their location and the shortest route to take to exit the facility in the event of an emergency. In preparing the sketches the Contractor may use the existing electronic architectural background drawings. These sketches will be used for documentation, training, and implementation of evacuation drills. These sketches shall also be submitted in AutoCAD version 2000 or greater and designed so that they are legible and plotable in both full floor views or by separate zone views. The electronic files shall be turned over to the NIH upon completion of option 1 portion of this contract.

Option 2 - Provide training resources and documentation to familiarize and train the NIH Evacuation Teams with the new evacuation plans for the rapid and orderly evacuation of the facility, including zonal and total evacuations.

Option 3 – Provide necessary personnel to assist the NIH Evacuation Teams with the implementation of evacuation drills, which will familiarize the occupants of the new evacuation plan. (See background information for more details).

Due to the size and complexity of the facility, which has over 300 fire alarm zones, it is estimated that it will be necessary to include approximately 77 separate evacuation drills, twice a year. The latest occupant census indicates that there are over 7,400 people that occupy the facility during a normal weekday. The estimated visitors may also range between 3,000 to 5,000 people per day.

G. EVALUATION FACTORS

I. Experience (35 points)

Demonstrated successful performance in executing a contract of this nature.

Demonstrated extensive experience in emergency evacuation planning, emergency preparedness planning, with specific experience in conducting planning within hospital environments.

II. Experience of Personnel (25 points)

Documented experience, educational background and training; availability of the proposed project manager and the proposed staff along with their designated responsibility on the project. This includes the experience, managerial competence, and time commitment of the proposed project manager and the experience, technical competence, and time commitment of other professional staff in developing and implementing emergency evacuation plans.

III. Technical/Management Approach (20 points)

Demonstrated understanding of the tasks in this SOW and a clear statement of how they will be performed.

IV. Past Performance (20 points)

The contractor must demonstrate recent successful experience in managing similar contracts or related work of comparable technical complexity. The government is seeking to determine whether the contractor has consistently demonstrated a commitment to customer satisfaction and timely delivery of high quality products and services. The contractor must submit a list and description of comparable contracts completed during the past three years and all contracts currently in progress that are similar in nature to this Statement of Work. In addition, the contractor shall include the name and telephone number of the technical point of contact.

The Government will consider the currency and relevance of the information, source of information, context of the data, and general trends in the contractor's performance.

V. Cost (25 points)

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PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0_____
TO # NICS-_____
Contractor:
Points of Contact:
Phone- Fax-
Address:

TOTAL ESTIMATED COST: Pricing Method: FFP
TOTAL ESTIMATED NUMBER OF HOURS:
PROPOSED COMPLETION DATE:

FOR THE
CONTRACTOR:_____
Signature Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # _____
Appropriations Data: _____
(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED:

_____
FAX # (301-402-0167) Signature - Project Officer Date

APPROVED:_____ _____
FAX # Signature - Contracting Officer Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & PICS COORDINATOR

APPROVED:_____
Signature –Anthony M. Revenis, J.D., NIH-PICS Coordinator Date